Massachusetts Department of Environment Protection (MassDEP) -- Lead & Copper Maintenance Checklist



This checklist should be completed for each school or early education & care program in the Commonwealth. This checklist is designed to help determine if lead or Copper is likely to be a problem in your facility's Drinking Water & will enable you to determine appropriate remediation actions if needed.

Section A: General						
School or Child Care Facility (CCF) - Name/Address:			School District or CCF HQ :			
School or CCF Contact Name/Title:	Phone Number:			Email:		
Is your school/facility a Public Water System? (Do you have <u>you</u>	own well which supplies water to 2	25+ people pe	r day?) Yes 🔲 No 🔲 If yes, go	to Section D and return form	ì.	
Section B: Drinking Water Practices (from 2005-present)						
1. Has your public water system (PWS) collected lead and copper samples at your school/facility?			Yes No If yes, date: Name of public water system:			
2. Besides your PWS, have other lead & copper samples been collected? Yes No If yes, date: By whom:						
3. a) Have all drinking water outlets been sampled?b) Did any of the sample results exceed the lead (15 p Levels or?c) If yes to 3b, check all remediation actions taken:	pb) or copper (1.3 ppm) Action	Yes Yes	No No			
Fixtures removed Retesting Re-piping Flushing Bottled water (temporary or permanent) Treatment units installed Notice sent to parents						
 4. a) Does your facility have water coolers? b) If yes to 4a, has your school/facility checked the brands & models of water coolers & compared them to the listing of banned* water coolers in Appendix E of the EPA 3Ts Toolkit (page 86)? *banned models must be replaced 			Yes No No No No No (If no, see website) http://www.epa.gov/safewater/schools/pdfs/lead/toolkit_leadschools_guide_3ts_leadschools.pdf			
5. Does your facility have lead in the service line?		Yes No Do Not Know (if unknown, contact your PWS – Contact info at website - http://www.mass.gov/dep/water/drinking/howsafei.htm#contacts				
6. Do you have an updated sampling plan (contact MassDEP LCCA Program for more Info) for your school or early education and care facility?			No 🗌			
7. Do you have a plumbing profile of your school or CCF? (e.g. map of all plumbing lines & equipment with type of material noted)			Yes No No			
8. Have you previously submitted a Lead & Copper Maintenance Checklist to MassDEP?			Yes No If yes, date (last) :			
9. Are drinking water testing/quality records kept at a centralized file onsite? Yes No						
10. Describe your current lead/copper in drinking water	program - attach a copy					
Section C: Co-located Facilities						
Are there any other out-of-school time programs or early education and care programs co-located in your facility? If so please list below or attach a list.						
School /Program Name Address			Contact Person and number/email			
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Section D: Signature Name	Title		Signature		Date	
Notife	Title		Signature		Date	

Send completed copy of Checklist to: MassDEP/DWP- 1 Winter St- 5th floor, Boston, MA 02108, Attn: Lead in DW @ School/CCF Program

Form revised 3-23-2015

If you have questions please call the Drinking Water Program at 617-292-5770 or email MassDEP - Drinking Water Program at Program.Director-DWP@state.ma.us